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APPLICANTS

Chris W. Gorski, Fort Atkinson, WI;
Jerry D. Scheiber, Watertown, WI;

** CONTINUING DATA *****

none ST

** FOREIGN APPLICATIONS *****

none ST

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
05/08/2004

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 7	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>Stephenie E. Tyle</i> Initials: <i>ST</i>				

ADDRESS

William L. Falk
ANDRUS, SCALES, STARKE & SAWALL, LLP
Suite 1100
100 East Wisconsin Avenue
Milwaukee, WI53202-4178

TITLE

Sanitary, vented and disposable dispensing assembly for post mix beverage dispenser

FILING FEE RECEIVED 403	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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